

Application for Escalator and Moving Walk Installation Permit

176

Michigan Department of Labor & Economic Growth
Bureau of Construction Codes
Elevator Safety Division
P.O. Box 30255, Lansing, MI 48909
517-241-9337

OFFICE USE ONLY	
STATE SERIAL NUMBER	
PERMIT NUMBER	
PERMIT APPROVED BY	DATE

FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE

Authority: 1967 PA 227 Completion: Mandatory Penalty: \$50.00	DLEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
---------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------

BILLING INFORMATION

ELEVATOR LOCATION (Building Name)				COUNTY	
LOCATION (Address)			CITY		ZIP CODE
BILLING INFORMATION (Owner or Designated Agent)		BILLING ADDRESS		CITY	STATE
				ZIP CODE	
DEVICE <input type="checkbox"/> ESCALATOR <input type="checkbox"/> MOVING WALK	MANUFACTURED BY	MANUFACTURER'S NUMBER	TRAVEL BETWEEN _____ FLOOR AND _____ FLOOR		TRAVEL DIRECTION <input type="checkbox"/> UP <input type="checkbox"/> DOWN <input type="checkbox"/> HORIZONTAL
RATED STRUCTURAL LOAD _____ LBS	RATED MACHINERY LOAD _____ LBS	RATED BRAKE _____ LBS		NUMBER OF STEPS EXPOSED	
OPERATING SPEED _____ FPM	VERTICAL RISE _____ FT _____ IN		HORIZONTAL DISTANCE BETWEEN COMB PLATES _____ FT _____ IN		

DEVICE

WIDTH OF DEVICE BETWEEN BALUSTRADES 27" ABOVE TREAD <input type="checkbox"/> 24" <input type="checkbox"/> 32" <input type="checkbox"/> 48" <input type="checkbox"/> _____ IN			WIDTH OF STEPS OR PALLETES <input type="checkbox"/> 16" <input type="checkbox"/> 22" <input type="checkbox"/> 40" <input type="checkbox"/> _____ IN		
BALUSTRADE MATERIAL		STEP OR PALLET TREAD MATERIAL		HANDRAIL MATERIAL	
TYPE OF HANDRAIL ENTRY DEVICE		CLEARANCE BETWEEN RISER AND BACK OF TREAD _____ FT _____ IN		LANDINGS AND TREAD ILLUMINATION ADEQUATE <input type="checkbox"/> YES <input type="checkbox"/> NO	
SKIRT DEFLECTOR DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	STEP/SKIRT PERFORMANCE INDEX _____ IN		COMB-STEP OR PALLET IMPACT DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO		DECK BARRICADES <input type="checkbox"/> YES <input type="checkbox"/> NO
HANDRAIL SPEED MONITORING DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	SAFETY ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO	SMOKE DETECTORS <input type="checkbox"/> YES <input type="checkbox"/> NO	STEP OR PALLET LEVEL DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO		MISSING STEP OR PALLET DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO
STOP BUTTON LOCATION ADEQUATELY MARKED <input type="checkbox"/> YES <input type="checkbox"/> NO		ANTI-SLIDE DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO		SKIRT OBSTRUCTION DEVICE TOP <input type="checkbox"/> YES <input type="checkbox"/> NO BOTTOM <input type="checkbox"/> YES <input type="checkbox"/> NO	

MACHINE

TYPE OF DRIVE <input type="checkbox"/> WORM GEAR AND SPROCKET <input type="checkbox"/> WORM GEAR		REVERSE PHASE RELAY PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO		MOTOR H.P.	
VOLTAGE _____ <input type="checkbox"/> AC <input type="checkbox"/> DC		OPERATING VOLTAGE _____ <input type="checkbox"/> AC <input type="checkbox"/> DC		GOVERNOR TYPE	
				TRIPPING SPEED _____ FPM	
ESCALATOR DRIVING-MACHINE BRAKE TORQUE					
METHOD <input type="checkbox"/> BREAKAWAY <input type="checkbox"/> DYNAMIC		LOCATION <input type="checkbox"/> MOTOR SHAFT <input type="checkbox"/> MACHINE INPUT SHAFT <input type="checkbox"/> MAIN DRIVE SHAFT		MEASUREMENT _____ FT/LB	
GOVERNOR SEALED <input type="checkbox"/> YES <input type="checkbox"/> NO		TEST TAG ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO		REVERSAL STOP DEVICE TYPE	
BROKEN DRIVE CHAIN DEVICE TYPE		CHAINS GUARDED <input type="checkbox"/> YES <input type="checkbox"/> NO		STEP OR PALLET WHEEL DIAMETER _____ IN	
				TRAILER WHEEL DIAMETER _____ IN	
				WHEEL TREAD MATERIAL	

CONTRACTOR SIGNATURE

CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (City)		COMPANY NUMBER	CONTRACTOR LICENSE NUMBER	PERMIT FEE \$
CONTRACTOR'S SIGNATURE				DATE

OFFICE USE ONLY

INSPECTOR'S SIGNATURE / COMMENTS

INSPECTOR'S COMMENTS		
INSPECTOR'S SIGNATURE	INSPECTOR NUMBER	DATE

Application for Escalator and Moving Walk Installation Permit

176

Michigan Department of Labor & Economic Growth
Bureau of Construction Codes
Elevator Safety Division
P.O. Box 30255, Lansing, MI 48909
517-241-9337

OFFICE USE ONLY	
STATE SERIAL NUMBER	
PERMIT NUMBER	
PERMIT APPROVED BY	DATE

FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE

Authority: 1967 PA 227 Completion: Mandatory Penalty: \$50.00	DLEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
---------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------

BILLING INFORMATION

ELEVATOR LOCATION (Building Name)				COUNTY	
LOCATION (Address)			CITY		ZIP CODE
BILLING INFORMATION (Owner or Designated Agent)		BILLING ADDRESS		CITY	STATE
				ZIP CODE	
DEVICE <input type="checkbox"/> ESCALATOR <input type="checkbox"/> MOVING WALK	MANUFACTURED BY	MANUFACTURER'S NUMBER	TRAVEL BETWEEN _____ FLOOR AND _____ FLOOR		TRAVEL DIRECTION <input type="checkbox"/> UP <input type="checkbox"/> DOWN <input type="checkbox"/> HORIZONTAL
RATED STRUCTURAL LOAD _____ LBS	RATED MACHINERY LOAD _____ LBS	RATED BRAKE _____ LBS		NUMBER OF STEPS EXPOSED	
OPERATING SPEED _____ FPM	VERTICAL RISE _____ FT _____ IN		HORIZONTAL DISTANCE BETWEEN COMB PLATES _____ FT _____ IN		

DEVICE

WIDTH OF DEVICE BETWEEN BALUSTRADES 27" ABOVE TREAD <input type="checkbox"/> 24" <input type="checkbox"/> 32" <input type="checkbox"/> 48" <input type="checkbox"/> _____ IN			WIDTH OF STEPS OR PALLETES <input type="checkbox"/> 16" <input type="checkbox"/> 22" <input type="checkbox"/> 40" <input type="checkbox"/> _____ IN		
BALUSTRADE MATERIAL		STEP OR PALLET TREAD MATERIAL		HANDRAIL MATERIAL	
TYPE OF HANDRAIL ENTRY DEVICE		CLEARANCE BETWEEN RISER AND BACK OF TREAD _____ FT _____ IN		LANDINGS AND TREAD ILLUMINATION ADEQUATE <input type="checkbox"/> YES <input type="checkbox"/> NO	
SKIRT DEFLECTOR DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	STEP/SKIRT PERFORMANCE INDEX _____ IN		COMB-STEP OR PALLET IMPACT DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO		DECK BARRICADES <input type="checkbox"/> YES <input type="checkbox"/> NO
HANDRAIL SPEED MONITORING DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	SAFETY ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO	SMOKE DETECTORS <input type="checkbox"/> YES <input type="checkbox"/> NO	STEP OR PALLET LEVEL DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO		MISSING STEP OR PALLET DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO
STOP BUTTON LOCATION ADEQUATELY MARKED <input type="checkbox"/> YES <input type="checkbox"/> NO		ANTI-SLIDE DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO		SKIRT OBSTRUCTION DEVICE TOP <input type="checkbox"/> YES <input type="checkbox"/> NO BOTTOM <input type="checkbox"/> YES <input type="checkbox"/> NO	

MACHINE

TYPE OF DRIVE <input type="checkbox"/> WORM GEAR AND SPROCKET <input type="checkbox"/> WORM GEAR		REVERSE PHASE RELAY PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO		MOTOR H.P.	
VOLTAGE _____ <input type="checkbox"/> AC <input type="checkbox"/> DC		OPERATING VOLTAGE _____ <input type="checkbox"/> AC <input type="checkbox"/> DC		GOVERNOR TYPE	
				TRIPPING SPEED _____ FPM	
ESCALATOR DRIVING-MACHINE BRAKE TORQUE					
METHOD <input type="checkbox"/> BREAKAWAY <input type="checkbox"/> DYNAMIC		LOCATION <input type="checkbox"/> MOTOR SHAFT <input type="checkbox"/> MACHINE INPUT SHAFT <input type="checkbox"/> MAIN DRIVE SHAFT		MEASUREMENT _____ FT/LB	
GOVERNOR SEALED <input type="checkbox"/> YES <input type="checkbox"/> NO		TEST TAG ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO		REVERSAL STOP DEVICE TYPE	
BROKEN DRIVE CHAIN DEVICE TYPE		CHAINS GUARDED <input type="checkbox"/> YES <input type="checkbox"/> NO		STEP OR PALLET WHEEL DIAMETER _____ IN	
				TRAILER WHEEL DIAMETER _____ IN	
				WHEEL TREAD MATERIAL	

CONTRACTOR SIGNATURE

CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (City)		COMPANY NUMBER	CONTRACTOR LICENSE NUMBER	PERMIT FEE \$
CONTRACTOR'S SIGNATURE				DATE

OFFICE USE ONLY

INSPECTOR'S SIGNATURE / COMMENTS

INSPECTOR'S COMMENTS		
INSPECTOR'S SIGNATURE	INSPECTOR NUMBER	DATE

Application for Escalator and Moving Walk Installation Permit

176

Michigan Department of Labor & Economic Growth
Bureau of Construction Codes
Elevator Safety Division
P.O. Box 30255, Lansing, MI 48909
517-241-9337

OFFICE USE ONLY	
STATE SERIAL NUMBER	
PERMIT NUMBER	
PERMIT APPROVED BY	DATE

FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE

Authority: 1967 PA 227 Completion: Mandatory Penalty: \$50.00	DLEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
---------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------

BILLING INFORMATION

ELEVATOR LOCATION (Building Name)			COUNTY		
LOCATION (Address)			CITY		ZIP CODE
BILLING INFORMATION (Owner or Designated Agent)		BILLING ADDRESS		CITY	STATE ZIP CODE
DEVICE <input type="checkbox"/> ESCALATOR <input type="checkbox"/> MOVING WALK	MANUFACTURED BY	MANUFACTURER'S NUMBER	TRAVEL BETWEEN ____ FLOOR AND ____ FLOOR	TRAVEL DIRECTION <input type="checkbox"/> UP <input type="checkbox"/> DOWN <input type="checkbox"/> HORIZONTAL	
RATED STRUCTURAL LOAD ____ LBS	RATED MACHINERY LOAD ____ LBS	RATED BRAKE ____ LBS		NUMBER OF STEPS EXPOSED	
OPERATING SPEED ____ FPM	VERTICAL RISE ____ FT ____ IN	HORIZONTAL DISTANCE BETWEEN COMB PLATES ____ FT ____ IN			

DEVICE

WIDTH OF DEVICE BETWEEN BALUSTRADES 27" ABOVE TREAD <input type="checkbox"/> 24" <input type="checkbox"/> 32" <input type="checkbox"/> 48" <input type="checkbox"/> ____ IN			WIDTH OF STEPS OR PALLETS <input type="checkbox"/> 16" <input type="checkbox"/> 22" <input type="checkbox"/> 40" <input type="checkbox"/> ____ IN		
BALUSTRADE MATERIAL	STEP OR PALLET TREAD MATERIAL		HANDRAIL MATERIAL	COMB PLATE MATERIAL	
TYPE OF HANDRAIL ENTRY DEVICE		CLEARANCE BETWEEN RISER AND BACK OF TREAD ____ FT ____ IN		LANDINGS AND TREAD ILLUMINATION ADEQUATE <input type="checkbox"/> YES <input type="checkbox"/> NO	
SKIRT DEFLECTOR DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	STEP/SKIRT PERFORMANCE INDEX ____ IN		COMB-STEP OR PALLET IMPACT DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO		DECK BARRICADES <input type="checkbox"/> YES <input type="checkbox"/> NO
HANDRAIL SPEED MONITORING DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	SAFETY ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO	SMOKE DETECTORS <input type="checkbox"/> YES <input type="checkbox"/> NO	STEP OR PALLET LEVEL DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	MISSING STEP OR PALLET DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	
STOP BUTTON LOCATION	ADEQUATELY MARKED <input type="checkbox"/> YES <input type="checkbox"/> NO	ANTI-SLIDE DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	SKIRT OBSTRUCTION DEVICE TOP <input type="checkbox"/> YES <input type="checkbox"/> NO		BOTTOM <input type="checkbox"/> YES <input type="checkbox"/> NO

MACHINE

TYPE OF DRIVE <input type="checkbox"/> WORM GEAR AND SPROCKET <input type="checkbox"/> WORM GEAR		REVERSE PHASE RELAY PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO		MOTOR H.P.	
VOLTAGE ____ <input type="checkbox"/> AC <input type="checkbox"/> DC	OPERATING VOLTAGE ____ <input type="checkbox"/> AC <input type="checkbox"/> DC		GOVERNOR TYPE		TRIPPING SPEED ____ FPM
ESCALATOR DRIVING-MACHINE BRAKE TORQUE METHOD <input type="checkbox"/> BREAKAWAY <input type="checkbox"/> DYNAMIC <input type="checkbox"/> MOTOR SHAFT			LOCATION <input type="checkbox"/> MACHINE INPUT SHAFT <input type="checkbox"/> MAIN DRIVE SHAFT		MEASUREMENT ____ FT/LB
GOVERNOR SEALED <input type="checkbox"/> YES <input type="checkbox"/> NO	TEST TAG ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO		REVERSAL STOP DEVICE TYPE		BROKEN DRIVE CHAIN DEVICE TYPE
CHAINS GUARDED <input type="checkbox"/> YES <input type="checkbox"/> NO	STEP OR PALLET WHEEL DIAMETER ____ IN		TRAILER WHEEL DIAMETER ____ IN		WHEEL TREAD MATERIAL

CONTRACTOR SIGNATURE

CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (City)		COMPANY NUMBER	CONTRACTOR LICENSE NUMBER	PERMIT FEE \$
CONTRACTOR'S SIGNATURE				DATE

OFFICE USE ONLY

INSPECTOR'S SIGNATURE / COMMENTS

INSPECTOR'S COMMENTS		
INSPECTOR'S SIGNATURE	INSPECTOR NUMBER	DATE